[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Antonella Tarditi 00393404026182

B. E-MAIL CONTACT AT FILER (optional)
iosonoantonella@protonmail.me

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

TARDITI ANTONELLA
via dell oliviera 23,
Siena IT 53100

Date of Filing : 01/23/2024
Time of Filing : 07:35:00 AM
File Number : 2024-023-3108-3
Lapse Date : 01/23/2029

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME: TARDITI CESTUI QUE VIE TRUST	FIRST PERSONAL NAME: ANTONELLA	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
1c. MAILING ADDRESS: via dell oliviera 23	CITY: Siena	STATE	POSTAL CODE: 53100	COUNTRY: IT	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR 3b. INDIVIDUAL'S SURNAME: Tarditi	FIRST PERSONAL NAME: Antonella	ADDITIONAL NAME(S)/INITIAL(S): Antonella Tarditi		SUFFIX
3c. MAILING ADDRESS: via dell oliviera 23	CITY: Siena	STATE	POSTAL CODE: 53100	COUNTRY: IT

4. COLLATERAL: This financing statement covers the following collateral:

All of Debtors assets, land, and personal property, and all of Debtors interest in said assets, land and personal property, now owned and hereafter acquired, now existing and hereafter arising and wherever located, described fully in security agreement No. AT_230124_SA dated Twenty Three day of the First month in the year of our Lord Two Thousand and Twenty-Four. Inquiring parties may consult directly with the Debtor ascertaining in detail, the financial relationship and contractual obligations associated with this commercial transaction, identified in security agreement reference above. Adjustment of this filing is in accord

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: ☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME
TARDITI CESTUI QUE VIE TRUST

FIRST PERSONAL NAME
ANTONELLA

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☑ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:
☐ covers timber to be cut ☐ covers as-extracted collateral ☑ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

Continuation of section 4 collateral

4. This FINANCING STATEMENT covers the following collateral:

with
House Joint Resolution of June 5th 1933 and UCC1-103 and 1-104. Secured Party accepts Debtor signature in accord with UCC1-201(39), 3-401.
Birth Certificate Number – 405 part I series A year 1978 052032
Debtor is a Transmitting Utility.